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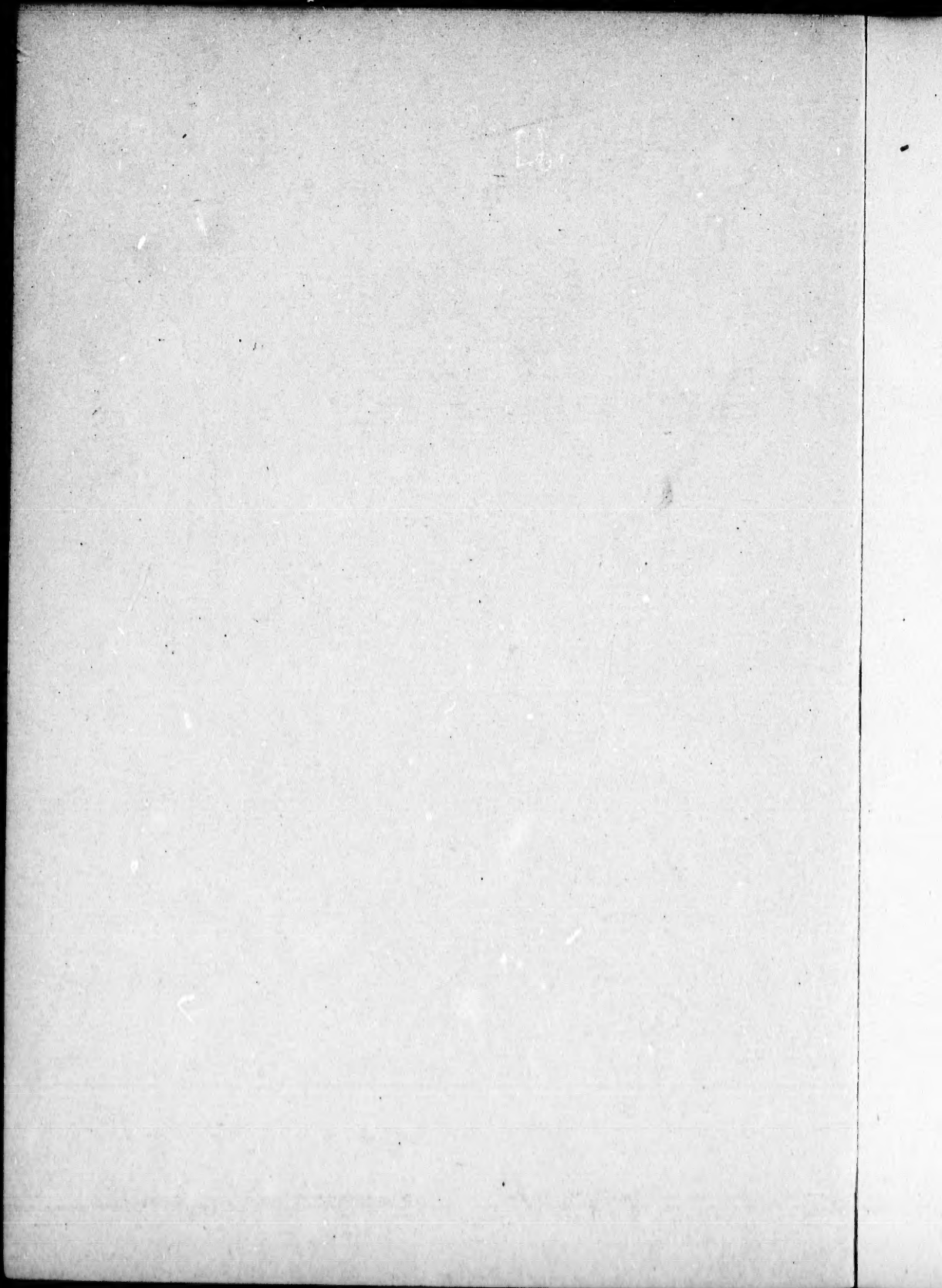
BY

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Surgery, McGill University.

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A CASE OF CARCINOMA OF THE PHARYNX WITH MARKED
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Carcinoma of the pharynx is, so far as surgical literature shows, a rare disease ; and the age of this patient makes this case even more remarkable, so that for these reasons it has been deemed worth putting on record.

The patient came to my ward in the Montreal General Hospital on September 13, 1900, for operation on enlarged glands in the neck, supposed to be tuberculous in origin. For the following history I am indebted to Dr. J. J. Ross (Montreal), who referred the case to me, and also to my house-surgeon, Dr. Murray.

E. M. McL., aged 14, came to hospital complaining of swelling on the right side of the neck causing the head to be held to the opposite side. The trouble began as a "stiff neck" about a year ago and shortly afterwards a lump appeared on the right side of the neck, near the angle of the jaw, which has gradually increased until at the time of admission it was as large as a hen's egg.

The patient had suffered previously from inflamed tonsils and had some nasal catarrh and difficulty in nasal breathing. He now breathes almost entirely through the mouth and when asleep snores very loudly. He has had scarlet fever, mumps, measles, and tonsillitis; but none of these, so far as known, left any permanent glandular enlargement.

The boy is thin, poorly nourished, and is rapidly losing flesh. There is a marked enlargement of the lymphatic glands around the right sterno-mastoid muscle and also enlargement, not so marked, of the corresponding glands on the left side of the neck. These enlarged glands are very hard and nodular ; they are firmly fixed to adjacent tissues and show no tendency to break down ; they are not painful. There are no other enlarged glands. The boy's speech is distinctly nasal, suggesting some obstruction of the posterior nares, as does also the snoring breathing. There is no elevation of temperature. The urine shows albumin and casts.

Family History.—The father is still living but not strong, being sub-

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ject to bronchitis. The mother died eight years ago of cancer of the liver and stomach. Patient is an only child.

I asked the Laryngologist of the hospital, Dr. H. D. Hamilton, to examine the nasopharynx in order, if possible, to determine the condition there present, and he reported that there was some postnasal growth with relaxation of the palate, but, owing to the fixation of the jaw by the enlarged cervical glands, a satisfactory examination could not be made.

I feared malignancy and thought there must be some primary focus about the nasopharynx to account for this marked enlargement of the cervical lymphatic glands. I could not think that the disease, if malignant, was primary in the glands themselves, especially when both sides were involved. To further the diagnosis and also to facilitate examination of the pharynx, on September 22nd, I anaesthetised the patient and excised the large mass of indurated gland tissue on the right side of the neck. It was very hard, but shelled out readily, and it was then seen that the condition was undoubtedly malignant, as all the structures were involved and infiltrated by the neoplasm, which cut like cartilage. There were a few small cysts in the mass but no hæmorrhagic spots. The linear skin incision was closed and healed rapidly.

The pathological examination of the excised glands, which was carefully made by Dr. D. P. Anderson, Assistant Pathologist to the hospital, showed that the neoplasm was "carcinoma of the scirrhus type." Now, carcinoma generally, if not always, begins in epithelial tissue, and one must needs, therefore, find the origin of this. As the infected glands receive the lymphatics from the nasopharynx, I naturally suspected that region and therefore I asked Dr. Hamilton again to examine the pharynx and if possible to remove a small piece of the growth there for microscopic section. This was done and the growth was now seen to involve most of the vault of the pharynx and showed no tendency to pedunculate. It bled freely on being excised. The pathologist reported on this section from the pharynx:—"sections here show the same typical carcinomatous growth as that seen in the cervical glands." So that here in a boy of fourteen, we have a case of carcinoma of the pharynx with marked secondary involvement of the cervical glands which drain the area affected.

The prognosis is hopeless; and the lad is rapidly losing flesh and strength since leaving hospital.

As regards the etiology of the trouble, I cannot do much more than put down the questions that occurred to me in thinking about it, as the whole problem of the causation of cancer has still to be solved. How much has heredity to do with it? The mother showed symptoms of cancer when the child was four years old and died from it two years

later. How long has the cancer existed unnoticed in the pharynx? Was it the cause of, or was it possibly aggravated by, the "catarrh" noticed by his friends? And, finally, in what tissue did it begin? Cancer of the faucial tonsils is well recognised. Did this possibly begin in the pharyngeal tonsils while they were undergoing atrophic changes? One would expect to find in this region either a sarcoma (of the adenoid type probably) or an epithelioma, but carcinoma, as I say, is rare and more especially so when the age of the patient is taken into account. But given a carcinoma, it does explain the marked glandular involvement (which one would not get in sarcoma), together with the absence of an ulcerative condition in the primary focus (which one would get in a year's time in epithelioma).